

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA**

OFFICE OF THE CLERK OF COURT

**ELECTRONIC CASE FILING (ECF)
ACCOUNT REGISTRATION FORM**

This Electronic Case Filing (ECF) Account Registration Form shall be used to register for an account with the U.S.D.C. for the Eastern District of Pennsylvania's Electronic Case Filing (ECF) system. ECF Registered attorneys will have privileges to electronically submit documents in accordance with Local Civil Rule 5.1.2 and Local Criminal Rule 1.2.

(Please Print or Type)

First Name: _____ Middle Initial/Name: _____

Last Name: _____ Generation (i.e., Sr., Jr.) _____

Firm: _____ Bar Id No. and State: _____

Address: _____

Address: _____

City: _____ State: _____ Zip Code _____

Telephone No: (____) _____ FAX No: (____) _____

E-mail Address: _____

Last 4 digits of your Social Security number (to be used for the log-in code): _____

Are you admitted to practice in the Eastern District of Pennsylvania?

☐ Yes

☐ No

If yes, are you a member in good standing?

☐ Yes

☐ No

Are you admitted to practice pro hac vice in the Eastern District of Pennsylvania?

☐ Yes

☐ No

Are you a registered ECF Filer in another U.S. District or Bankruptcy Court?

☐ Yes

☐ No

If yes, please provide the district you are a registered ECF User and the log-in and password if you would like to have the same log-in and password.

District: _____ Log-in: _____ Password: _____

By submitting this account registration form, the undersigned agrees/consents to the following:

1. I have read and understood the provisions of Rule 5.1.2 of the Local Rules of Civil Procedure, "Electronic Case Filing," amended Rule 1.2 of the Local Rules of Criminal Procedure, "Applicability and Effect of Local Rules," and the court's ECF Procedures set forth in Rule 5.1.2, and I agree to abide by all provisions set forth therein.

2. I agree that the combination of the user log-in and password will serve as my signature for purposes of the Federal Rules of Civil and Criminal Procedure. I further agree to protect the security of my password and to immediately notify the clerk of court by telephone, with said notification confirmed immediately thereafter in writing delivered by e-mail, facsimile or hand-delivery to the attention of the clerk of court, as soon as I learn that my password may have been compromised.

3. In accordance with the provisions of Rule 5(b)(2)(D) of the Federal Rules of Civil Procedure and Section 8 of the ECF Procedures, I agree that service may be given to me by electronic transmission and I consent to make electronic service of all documents.

4. I have read and understood the provisions of Rule 11 of the Federal Rules of Civil Procedure, particularly as referenced in Sections 9 and 10 of the ECF Procedures, and I agree to abide by the provisions set forth therein.

5. I agree to waive the provisions of Rule 77(d) of the Federal Rules of Civil Procedure and Rule 49(c) of the Federal Rules of Criminal Procedure, providing for service of notice by mail, and I consent that such notice may be served by electronic transmission in accordance with Section 14 of the ECF Procedures.

6. All transmissions for electronic case filings of pleadings and documents to the ECF system shall be titled in accordance with the approved directory of civil and criminal events of the ECF system in a case in which an attorney is counsel of record or on any document which is construed as an entry of appearance in accordance with Local Civil Rule 5.1.

I hereby certify that the above information is true and correct and I am a member in good standing of the United States District Court for the Eastern District of Pennsylvania.

Signature

Date

Please return completed form by U.S. Mail to:

Michael E. Kunz
U.S. District Court
2609 U.S. Courthouse
601 Market Street
Philadelphia, PA 19106-1797
Attn: ECF

You will be notified of your user log-in and password by electronic mail. If you have any questions on the ECF registration process or the use of the electronic filing system, you may contact the Electronic Filing Information Center toll-free at 1-866-ECF-4ECF.